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**APPLICANTS**

Laszlo Revesz, Therwil, SWITZERLAND;  
 Achim Schlapbach, Lorrach, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a) Conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

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FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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